

Name
in
Full

Zurba K Bartlett

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town		County		MARYLAND	
Date of death 190	8	Month	Day	Years	Months	Days
Sex	Male	Color or Race	Caucasian		Md.	
Married, Single or Widowed	Married		Occupation	Farmer -		
Name of Wife or Husband	Emily, noble Bartlett					
Father's Name	Vincent Bartlett		Father's Birthplace	Md.		
Mother's Maiden Name	Unknown		Mother's Birthplace	Unknown		
Name of person giving information	Mrs Gallie Bartlett		How related to deceased	Daughter		

CAUSES OF DEATH

80

Primary

Rheumatism -

How long

10 years -

Immediate

Angina Pectoris

How long

3 days

Are the name, age, sex, color, date and place correctly given above?

Yes -

Signature of Physician

Dr. R. L. LaMere

Address

Greenbow

Accident or Suicide?

L. L. D.

PHYSICIAN
OR CORONER

Name
in
Full

To BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

CERTIFICATE OF DEATH					
Died at	Town	County		MARYLAND	
Date of death 1908	Month Mar.	Day 9	Years 86	Months	Days
Sex Male	Color or Race White	Birth-place Del.			
Occupation Farmer	Where Residing if not at place of death				
Married, Single or Widowed Widowed	Name of Wife or Husband Phoebe. boates				
Father's Name	Thomas L. boates	Father's Birthplace	Del.		
Mother's Maiden Name	Eliza Wilson	Mother's Birthplace	Del.		
Name of person giving information	Eliza Butler	How related to deceased	Daughter		

CAUSES OF DEATH

166

How long

How long

Primary

A Severe injury by falling

Immediate

Ex haemorrh

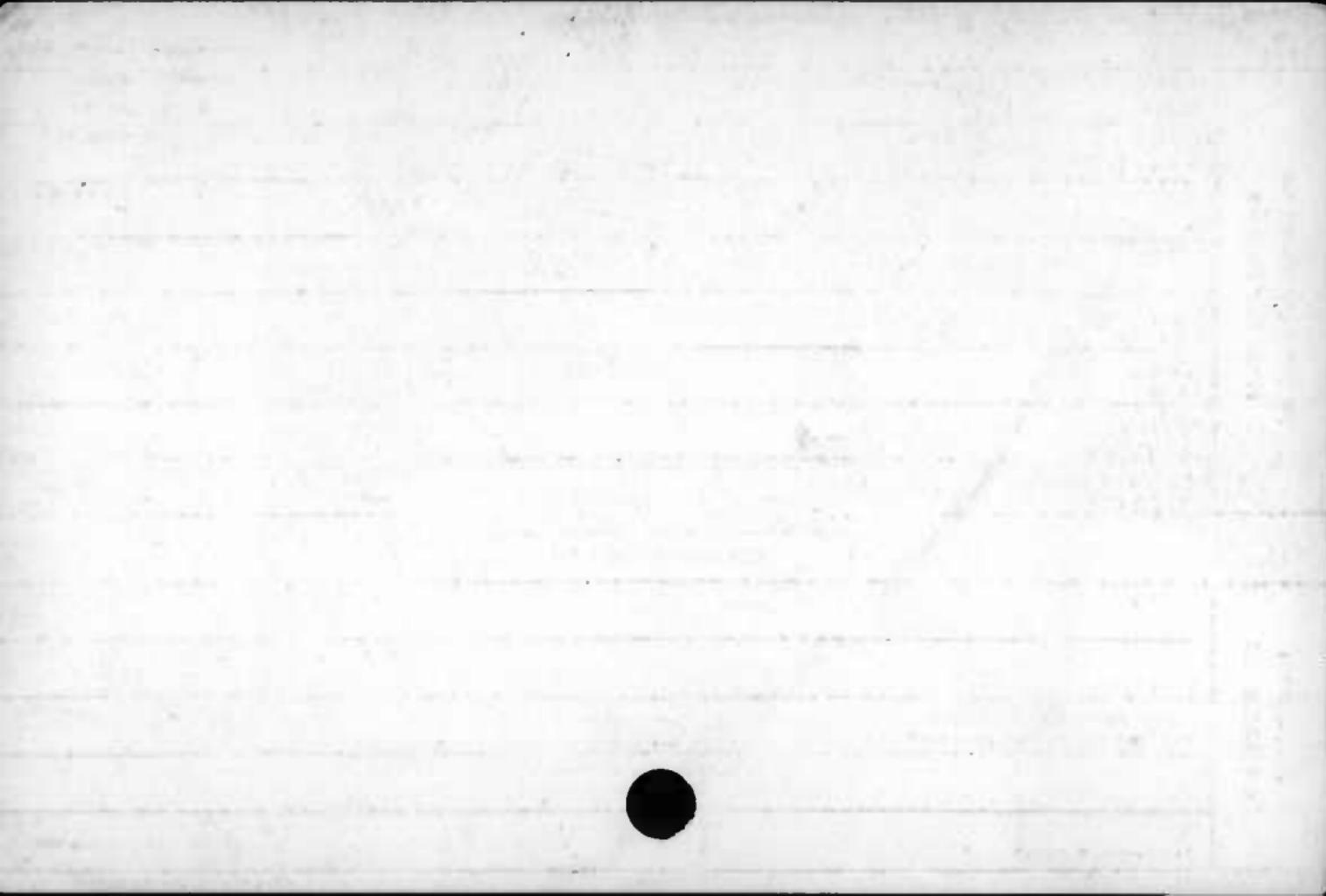
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Brook George 1108
Wentz County, Pa
May 1908

Accident or Suicide?



Name
in
Full

Lennuel R. Diggins

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at <u>Henderson</u>		Town	County <u>Caroline</u>		MARYLAND	
Date of death <u>1908</u>	Month <u>March</u>	Day <u>17</u>	Years <u>1908</u>	Age <u>57</u>	Months	Days
Sex <u>male</u>	Color or Race <u>White</u>	Birthplace <u>Engleside, Md</u>				
Occupation <u>farmer</u>	Where Residing if not at place of death <u>Mattie Diggins</u>					
Married, Single or Widowed	Name of Wife or Husband <u>Luther Diggins</u>	Father's Birthplace <u>Engleside, Md</u>				
Father's Name						
Mother's Maiden Name <u>Rebeca Starr</u>	Mother's Birthplace <u>Engleside, Md</u>					
Name of person giving information	How related to deceased <u>79</u>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

How long

Immediate

How long

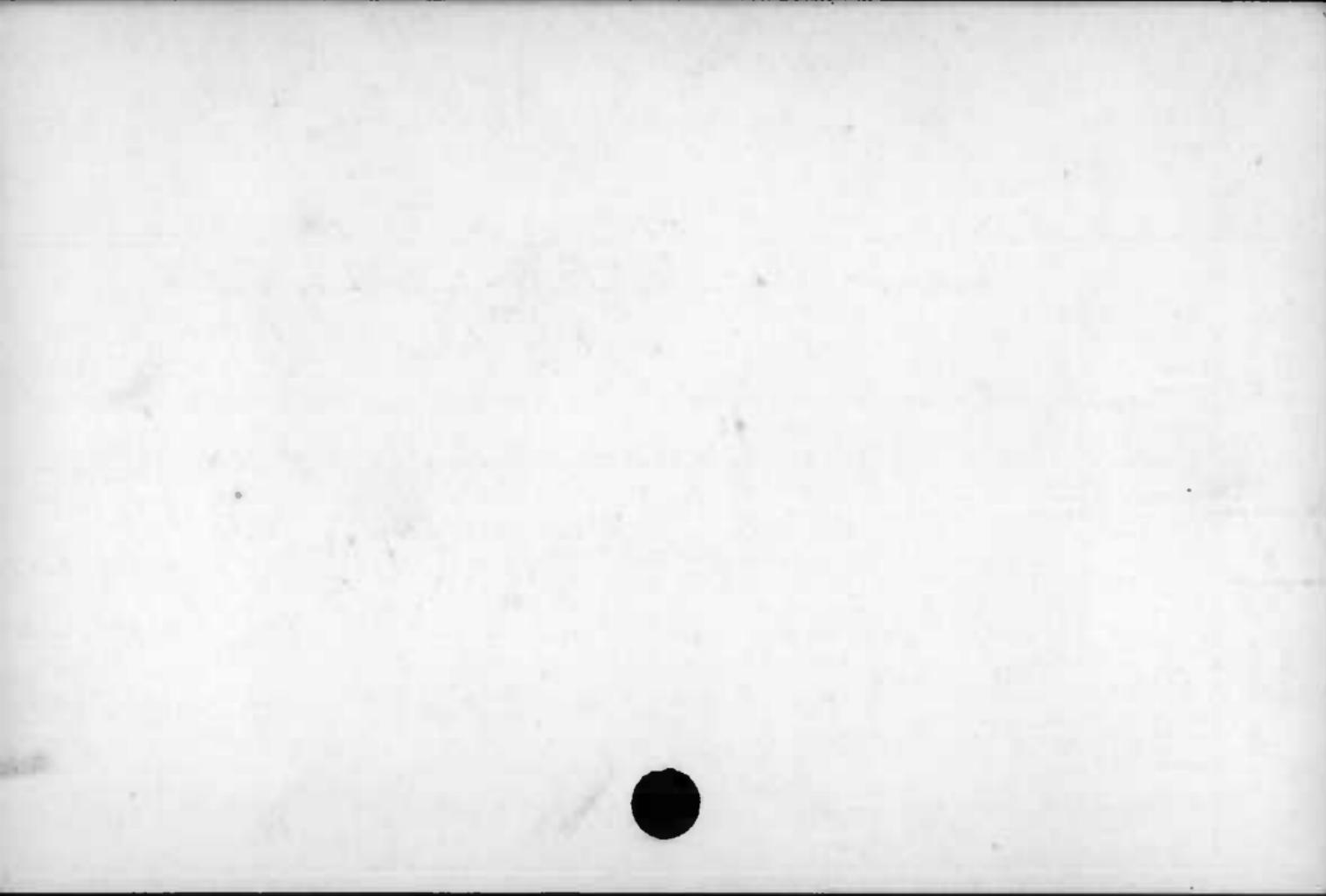
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

W.G. Smith Coroner
Marydel, Md

Accident or Suicide?



Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

Sarah Wyze

CERTIFICATE OF DEATH

Died at <u>Ventura</u> Town		County <u>Caroline</u>		MARYLAND	
Date of death <u>1908</u>	Month <u>3</u>	Day <u>6</u>	Years <u>62</u>	Months <u>-</u>	Days <u>-</u>
Sex <u>Female</u>	Color or Race <u>White</u>	Birthplace <u>Md</u>			
Occupation <u>Housewife</u>	Where Residing if not at place of death <u>Carries</u>				
Married, Single or Widowed <u>Widow</u>	Name of Wife or Husband <u>Charles Wyze</u>				
Father's Name <u>Don't know</u>	Father's Birthplace <u>Don't know</u>				
Mother's Maiden Name <u>Emily</u>	Mother's Birthplace <u>Don't know</u>				
Name of person giving information <u>Sydney Wyze</u>	How related to deceased <u>Son</u>				

CAUSES OF DEATH

93

How long

2 miles

How long

Primary Pneumonia

Immediate Carries

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

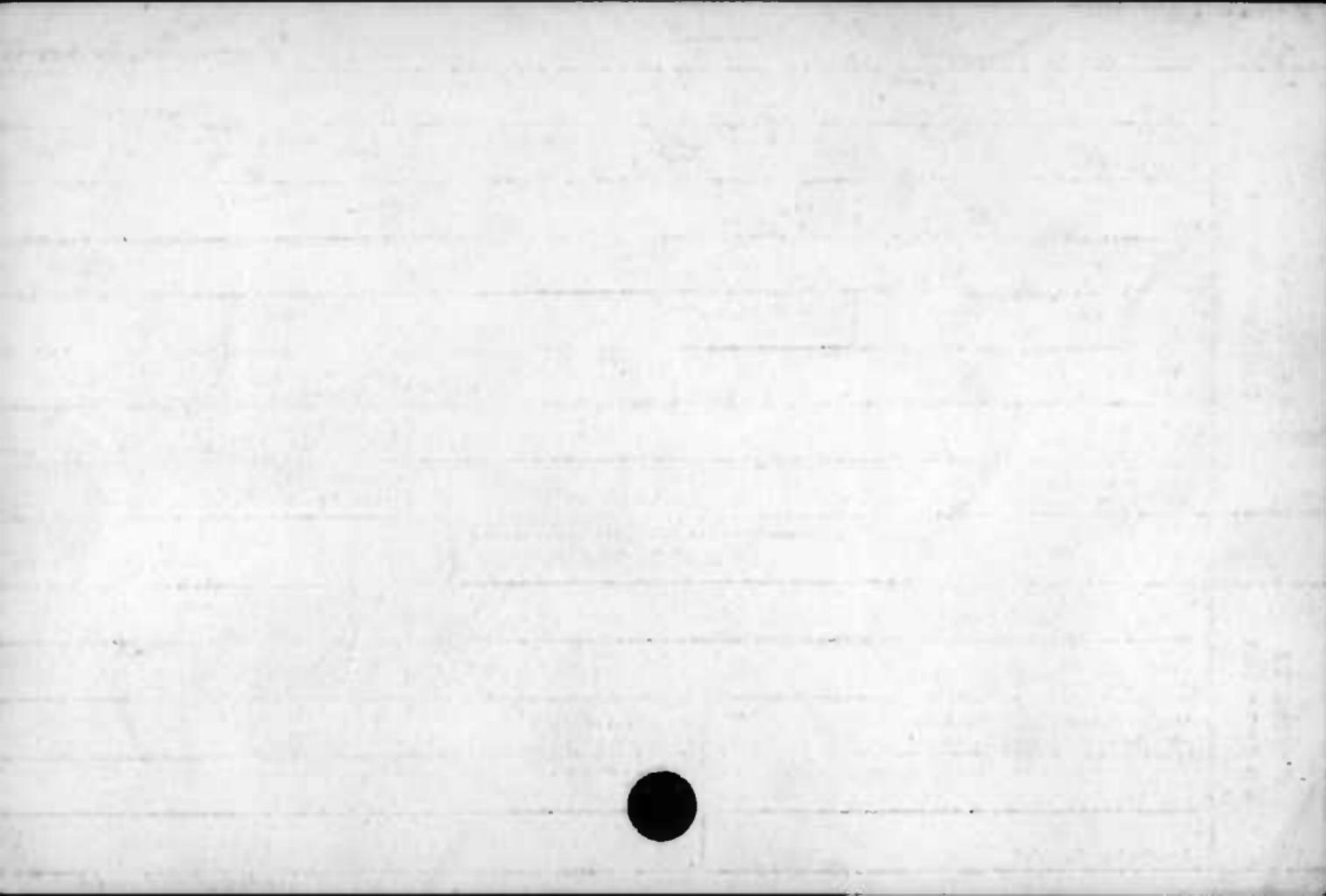
Address

Accident or Suicide?

P.R. Dr. Miller

Ventura

PHYSICIAN
OR CORONER



Name
in
Full

To BE ANSWERED BY NEAREST FRIEND	Ernest A. Gibbs				CERTIFICATE OF DEATH			
	Died at	Town	County	MARYLAND				
	Date of death	Month	Day	Years	Months	Days		
	1908	3	21	-	6	8		
	Sex	Male	Color or Race	Negro	Birth-place	Ridgely, Md.		
	Occupation	Where Residing if not at place of death						
	Married, Single or Widowed	Name of Wife or Husband						
	Father's Name	Emory Gibbs					Father's Birthplace	Kent Co
	Mother's Maiden Name	Emma Flanagan					Mother's Birthplace	Denton, Md.
Name of person giving information	Emory Gibbs					How related to deceased	Father	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Grippe -

Immediate

Pneumonia

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

J. A. Stone

Address

10

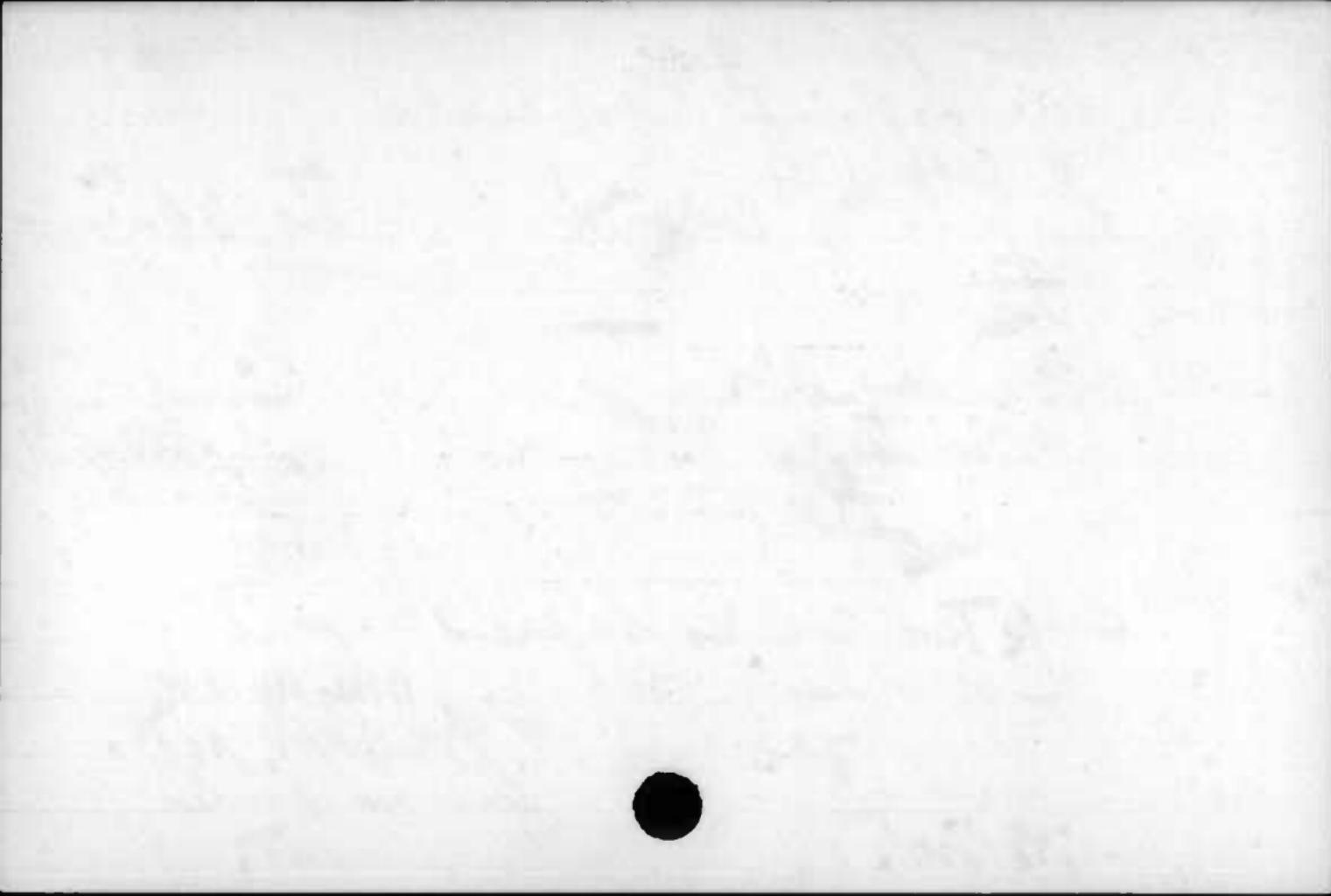
How long

One month.

How long

One week.

Accident or Suicide?



Name
in
Full

Walter Hines

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town	County		MARYLAND		
Date of death	1908	Month March	Day 31	Years 1	Months 4	Days 16	
Sex	Boy	Color or Race	Colored		Birth-place	County Point	
Occupation	Where Residing if not at place of death						
Married, Single or Widowed	Name of Wife or Husband						
Father's Name	Wesley Hines		Father's Birthplace			Corol. Co.	
Mother's Maiden Name	Minta White		Mother's Birthplace			Corol. Co.	
Name of person giving information	Father		How related to deceased				

CAUSES OF DEATH

71

PHYSICIAN
OR CORONER

Primary

Sick two weeks before I saw it -

How long

Immediate

Convulsions

How long

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

Address

P. Hackitt, M.D.

Queen Anne
Md.

Accident or Suicide?

No.

Burrard at Bell
Chopped April 2-1908

Name
in
Full

Johnson

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at Denby Town

County

MARYLAND

Date of death 1908 Month 3

Day 4

Years

Months

Days

Age

Sex

Female

Color or Race

Colored

Birth-place

Maryland

Occupation

None

Where Residing if not
at place of death

Denby Md

Married, Single
or Widowed

Name of Wife or
Husband

Father's Name

David Johnson

Father's Birthplace

Maryland

Mother's Maiden Name

Isabella Amstel

Mother's Birthplace

Name of person giving
Information

David Johnson

How related
to deceased

Father

CAUSES OF DEATH

151

Primary

Miscarriage

How long

3 Years

Immediate

Thi Disease

How long

Brach George MD

PHYSICIAN
OR CORONER

Are the name, age, sex, color, date
and place correctly given above?

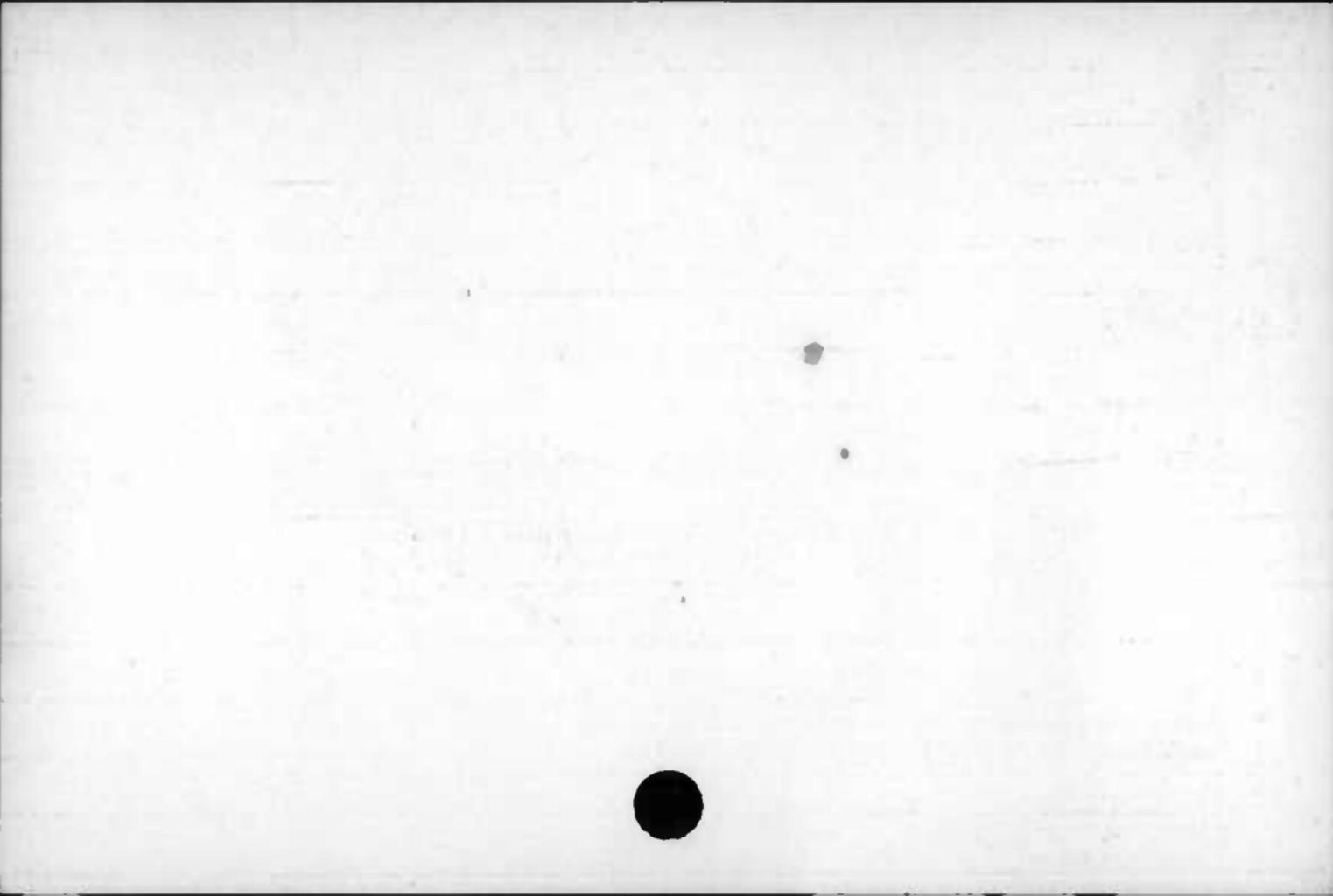
Signature of
Physician

Address

Denby

Accident or Suicide?

Maryland



Adam Clarke Jones -

CERTIFICATE OF DEATH

Died at <u>Ridgely</u>		Town <u>Caroline</u> County <u>-</u>		MARYLAND		
Date of death <u>1908</u>	Month <u>March</u>	Day <u>14</u>	Age <u>67</u>	Years	Months <u>5</u>	Days <u>20</u>
Sex <u>Male</u>	Color or Race <u>White</u>			Birth-place <u>Maryland</u>		
Occupation <u>Bergyman</u>	Where Residing if not at place of death <u>Port Penn - Dela.</u>					
Married, Single or Widowed <u>Married</u>	Name of Wife or Husband <u>Clara Erdman</u>	<u>Jones</u>				
Father's Name <u>Adam Clarke Jones</u>			Father's Birthplace <u>Md.</u>			
Mother's Maiden Name <u>Zipporah Jones</u>			Mother's Birthplace <u>Dela.</u>			
Name of person giving information <u>J. W. Jones</u>			How related to deceased <u>Son</u>			

CAUSES OF DEATH

93

How long

2 weeks

How long

over work

Primary

Pneumonia

Immediate

Exhaustion

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Address

J. J. Stone M. D.

Ridgely

Ind.

Accident or Suicide?



Name
in
Full

Martha R. Lister -

CERTIFICATE OF DEATH

To BE ANSWERED BY

NEAREST FRIEND

PHYSICIAN
OR CORONER

Died <u>near Greenmount</u>		Town		County		MARYLAND						
Date of death	1908	Month	Mar.	Day	16	Years	no	Months	2	Days	13	
Sex	<u>Female</u>	Color or Race	<u>White</u>	Birth-place	<u>Greenmount</u>							
Occupation	<u>Sapient</u>		Where Residing if not at place of death									
Married, Single or Widowed	<u>Single</u>	Name of Wife or Husband	<u>—</u>									
Father's Name	<u>Clarence Lister</u>		Father's Birthplace	<u>M.D.</u>								
Mother's Maiden Name	<u>Addie Tibbet</u>		Mother's Birthplace	<u>M.D.</u>								
Name of person giving information	<u>Clarence Lister</u>		How related to deceased	<u>Father</u>								

CAUSES OF DEATH

104

How long

1 month

Primary

Indigestion -

Immediate

mal assimilation -

How long

3 weeks -

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

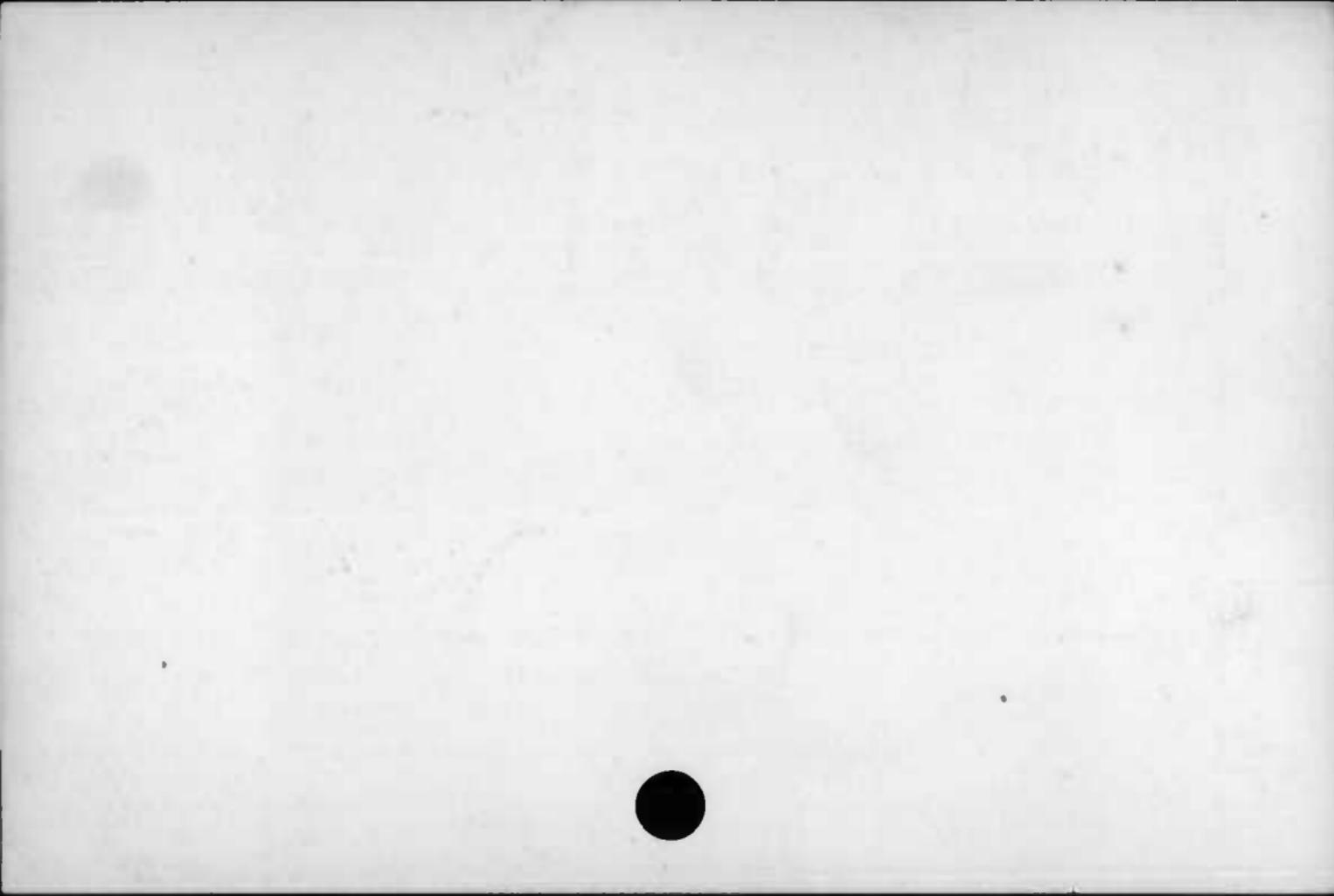
Address

D. R. Lister

Greenmount -

M.D.

Accident or Suicide?



Name
in
Full

Rebecca McKnott

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at		Town	County		MARYLAND	
Baltimore		Baltimore	Baltimore		Baltimore	
Date of death	Month	Day	Years	Months	Days	
1908	3	13	63	-	-	
Sex	Female	Color or Race	White	Birth-place	Maryland	
Occupation	House Keeping		Where Residing if not at place of death	Temperance		
Married, Single or Widowed	Name of Wife or Husband		John R McKnott			
Father's Name	John Dean		Father's Birthplace	Md		
Mother's Maiden Name	don't know		Mother's Birthplace	Johnson		
Name of person giving information	Charles Shockley		How related to deceased	Sister in law		

CAUSES OF DEATH

93

How long

8 days

How long

PHYSICIAN
OR CORONER

Primary

Lobar Pneumonia

Immediate

Same

Are the name, age, sex, color, date and place correctly given above?

Yes

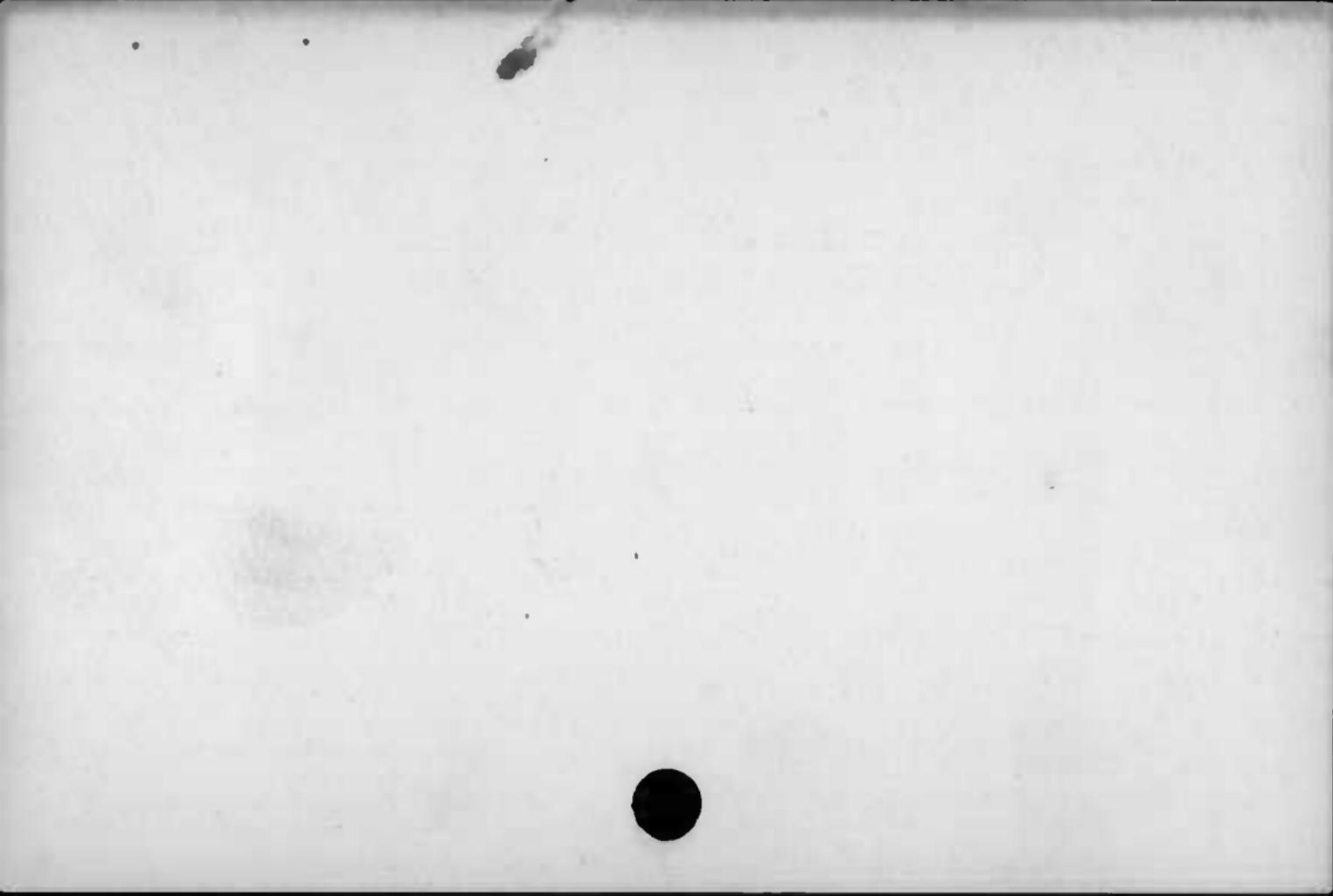
Signature of Physician

Address

F. D. Carpenter
Baltimore Maryland.

Accident or Suicide?

No



Name
in
Full

Mrs Lerah A Marshall

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
Sex	Color or Race	Age	Birth-place	md	
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband	In marshall			
Father's Name	Thomas White	Father's Birthplace	md		
Mother's Maiden Name	Lily Payne	Mother's Birthplace	md		
Name of person giving information	Martha Short	How related to deceased	daughter		

CAUSES OF DEATH

123

PHYSICIAN
OR CORONER

Primary

Gystitis

How long

3 weeks

Immediate

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

Address

R. Kemp Jefferson
Federalsburg
md

Accident or Suicide?



Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

John St messick						CERTIFICATE OF DEATH	
Died at		Town	County		MARYLAND		
Date of death	1908	Month mar	Day 28	Years 4	Months 6	Days 31	
Sex	male	Color or Race	white	Birth-place	md		
Occupation	none	Where Residing if not at place of death					
Married, Single or Widowed	single	Name of Wife or Husband					
Father's Name	A Rachel messick					Father's Birthplace	md
Mother's Maiden Name	margret Wright					Mother's Birthplace	md
Name of person giving Information	A R messick					How related to deceased	md

CAUSES OF DEATH

94

PHYSICIAN
OR CORONER

Primary

Pleurisy

How long

9. Years.

Immediate

Heart Failure

How long

Are the name, age, sex, color, date and place correctly given above?

Yes.

Signature of Physician

F. T. Brooks

Address

Federalburg
Md.

Accident or Suicide?



Ann C. Miner

CERTIFICATE OF DEATH

TO BE ANSWERED BY

NEAREST FRIEND

PHYSICIAN
OR CORONER

Died at		Town	County	MARYLAND		
Greensboro		Caroline		Months	Days	
Date of death	1908	Month. 3	Day 6	Years 70	Age	
Sex	Female	Color or Race	white	Birth-place	Delaware	
Occupation	House wife	Where Residing if not et place of death			Greensboro	
Married, Single or Widowed	Married	Name of Wife or Husband	Wm Miner			
Father's Name	John Beale			Father's Birthplace	Delaware	
Mother's Maiden Name	Mary Conner			Mother's Birthplace	Del	
Name of person giving Information	Wm Miner			How related to deceased	Husband	

CAUSES OF DEATH

106

How long

2 years -

How long

1 week

Primary

Chronic Myocarditis

Immediate

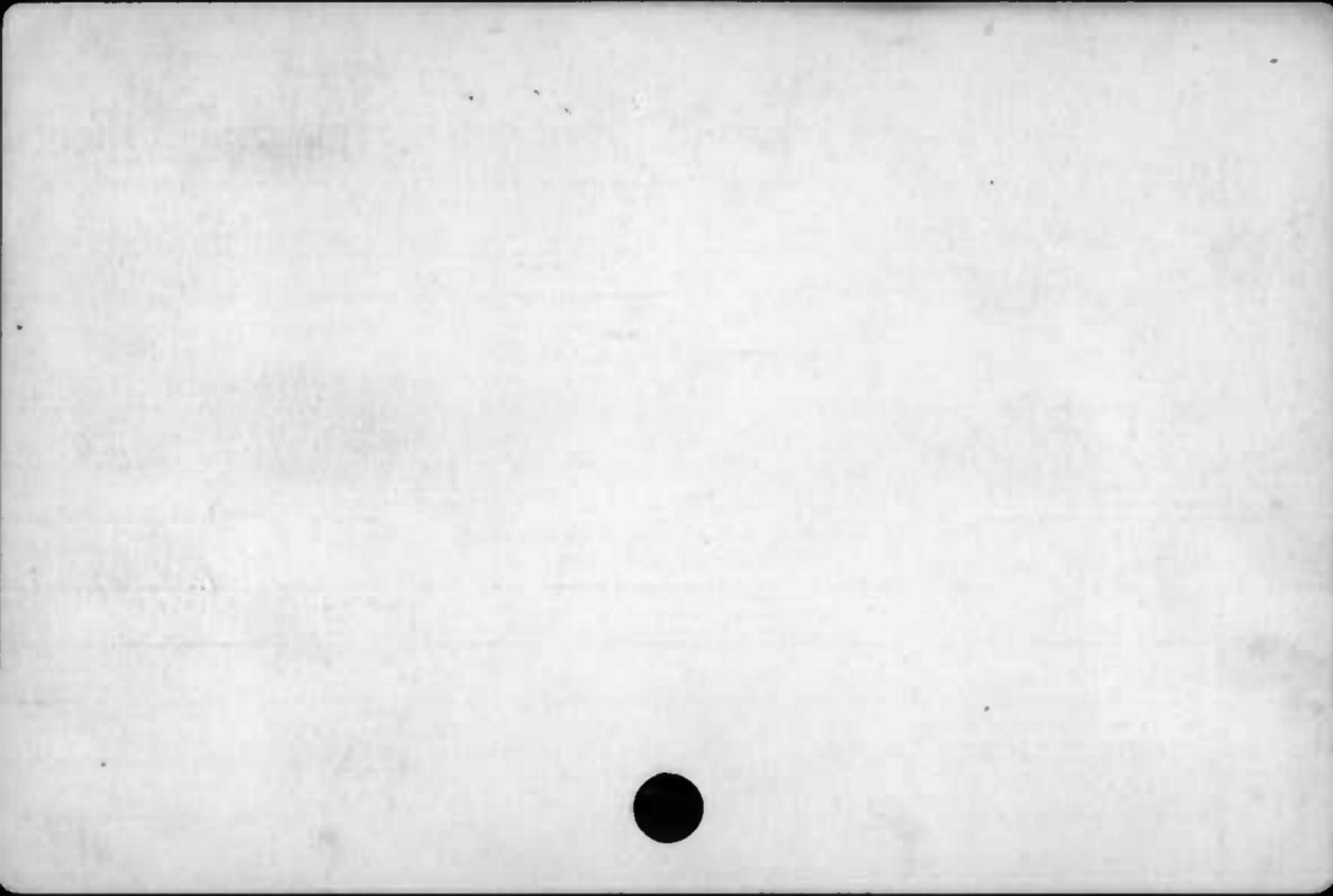
Endo. Cerebr.

Are the name, age, sex, color, date
and place correctly given above?Signature of
Physician

Address

Dr. Malone,
Greensboro -
Md.

Accident or Suicide?



Name
in
Full

Alfred Parker

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at <u>Preson</u>		County <u>Caroline</u>		MARYLAND	
Date of death <u>1908</u>	Month <u>Augd</u>	Day <u>2</u>	Age	Years	Months
Sex <u>Male</u>	Color or Race <u>White</u>	Birth-place <u>Preson</u>			
Occupation <u>Nose</u>	Where Residing if not at place of death <u>Same</u>				
Married, Single or Widowed <u>Singl</u>	Name of Wife or Husband <u>None</u>				
Father's Name <u>Alvrett Parker</u>	Father's Birthplace <u>Md</u>				
Mother's Maiden Name <u>Katia Smith</u>	Mother's Birthplace <u>Md</u>				
Name of person giving information <u>J.W. Parker</u>	How related to deceased <u>Father</u>				

CAUSES OF DEATH

179

How long

PHYSICIAN
OR CORONER

Primary

Unknown

How long

Immediate

Unknown

Are the name, age, sex, color, date and place correctly given above?

yes

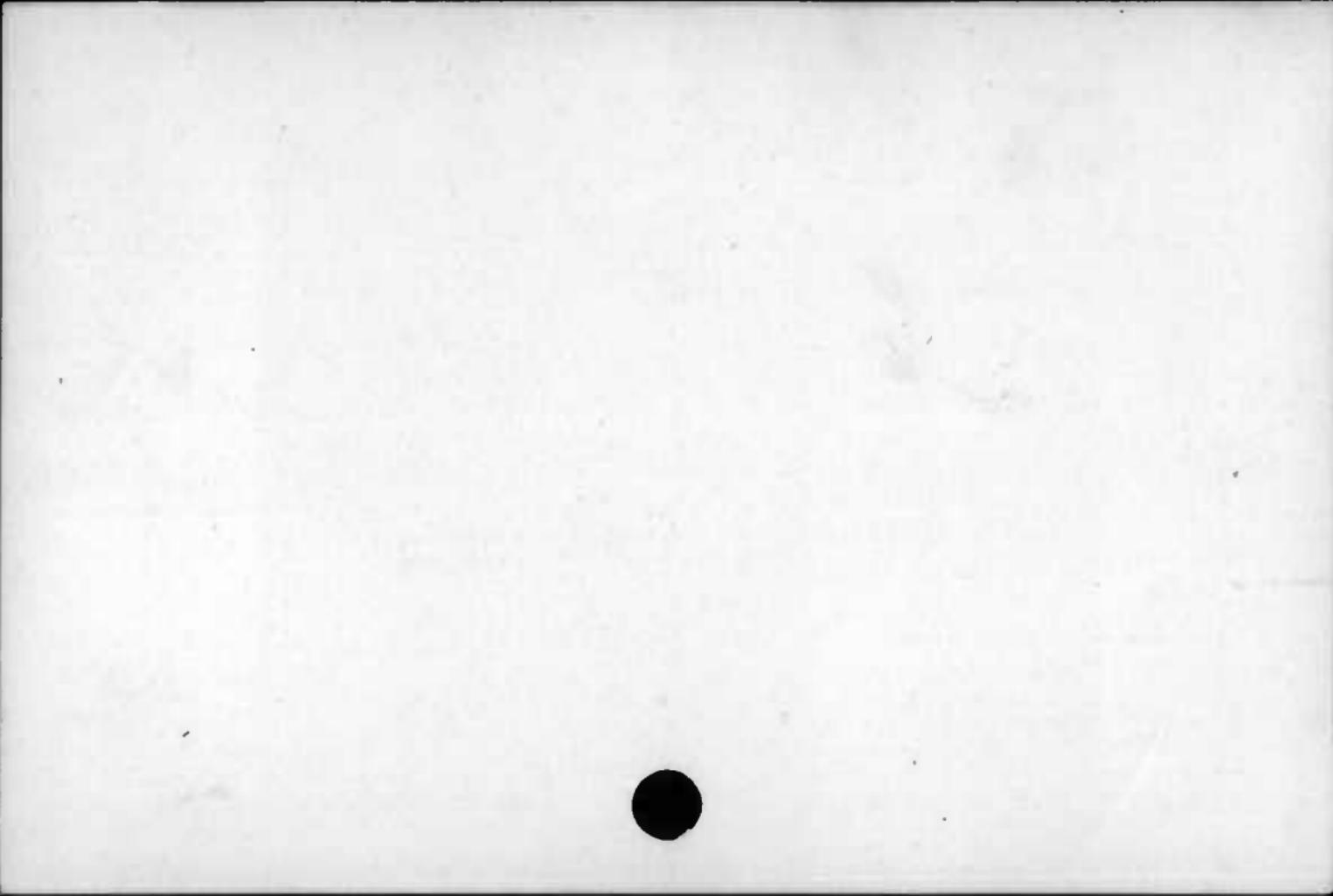
Signature of Physician

Raymond Dowell

Address

Preson

Accident or Suicide?



Lydia F. Poor

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town	County		MARYLAND	
Greensboro		Caroline				
Date of death	Month	Day	Years	Months	Days	
1908	3	5	67			
Sex	Female	Color or Race	White	Birth-place	New Jersey	
Occupation	House mfr		Where Residing if not at place of death	Greensboro		
Married, Single or Widowed	Married	Name of Wife or Husband	Wm H Poor			
Father's Name	Horace		Father's Birthplace	N J		
Mother's Maiden Name	don't know		Mother's Birthplace	N J		
Name of person giving Information	Mrs Guy Pippin		How related to deceased	Daughter		

CAUSES OF DEATH

93

How long

11 days

PHYSICIAN
OR CORONER

Primary

Pneumonia Liver

Immediate

Same

Are the name, age, sex, color, date and place correctly given above?

Yes

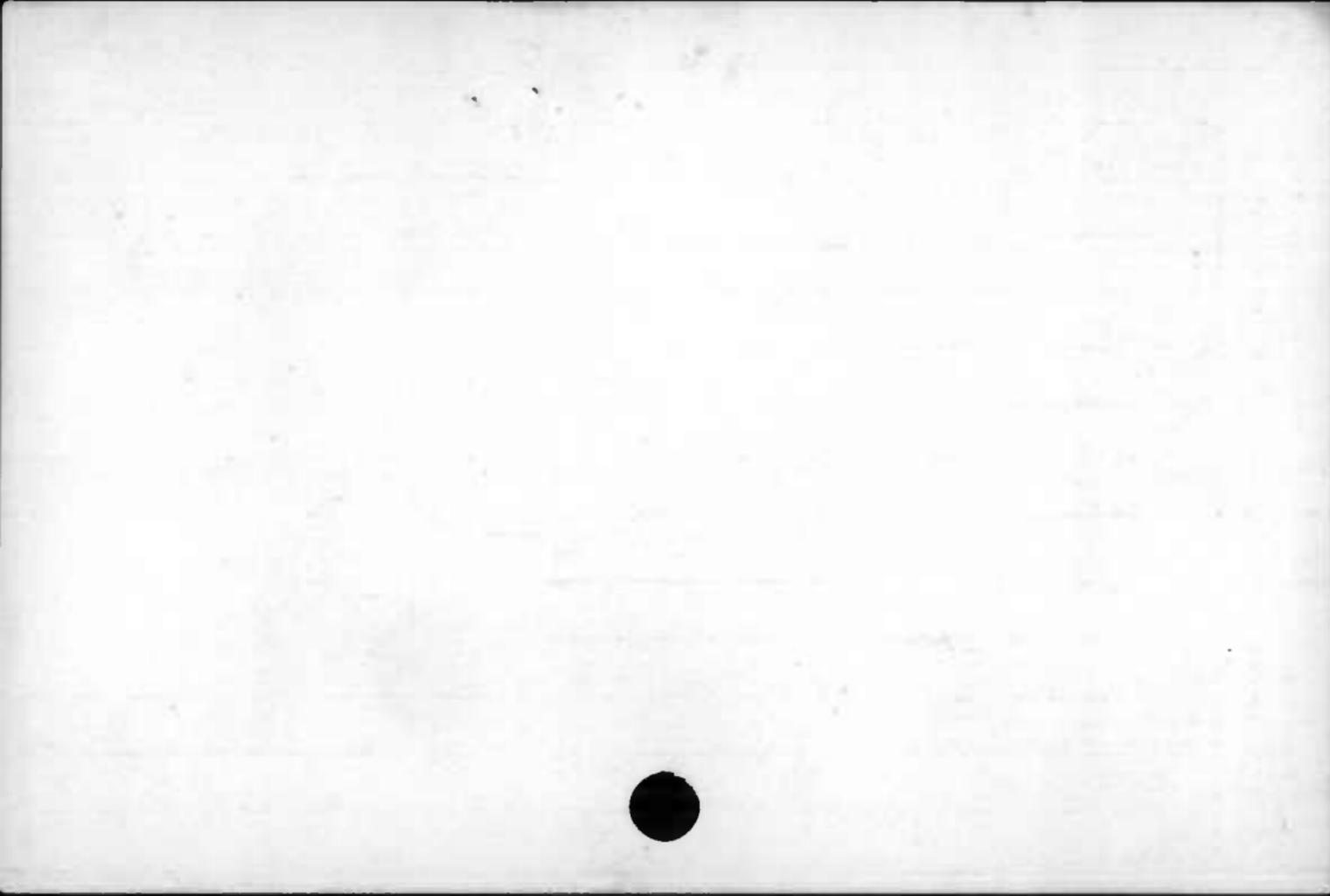
Signature of Physician

Address

J. D. Carpenter
Greensboro Md.

Accident or Suicide?

No



Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Eda Pratts

CERTIFICATE OF DEATH

Died at		Town	County		MARYLAND	
Date of death	1908	Month	May	Day	15	Years
Sex	female	Color or Race	black	Age	15	Months
Occupation	house	Where Residing if not at place of death				Days
Married, Single or Widowed	single	Name of Wife or Husband				
Father's Name	James Pratts			Father's Birthplace	md	
Mother's Maiden Name	A N Dickerson			Mother's Birthplace	md	
Name of person giving Information	Ed Pratts			How related to deceased	father	

CAUSES OF DEATH

71

Primary

Spasms

How long

9 days

Immediate

Are the name, age, sex, color, date and place correctly given above?

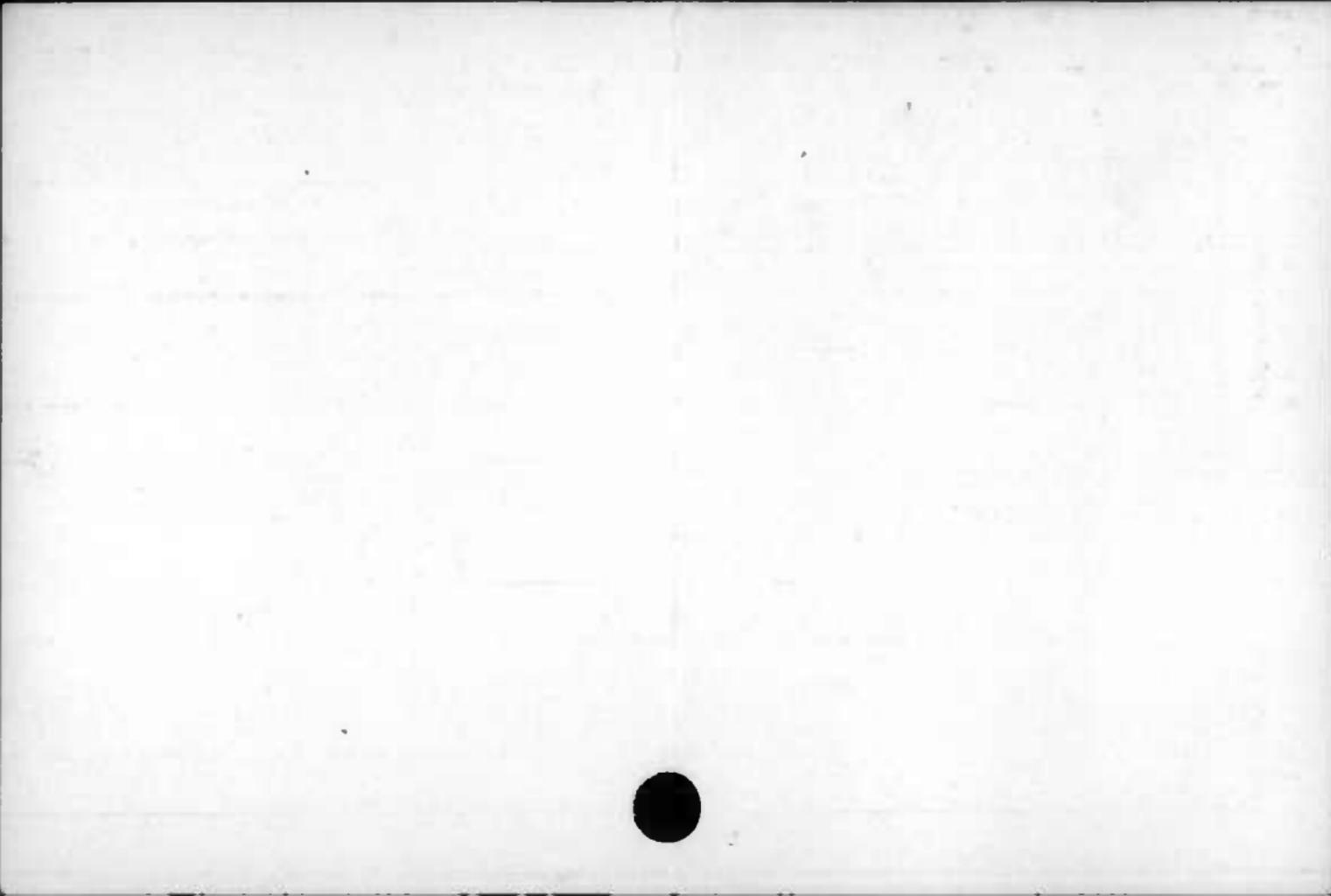
yes

Signature of Physician

Address

R. Karp Jefferson
Federalsburg
md

Accident or Suicide?



Name
in
Full

Margaret. Ellen Slagle

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND	
Date of death 190	Month	Day	Years	Months Days
Female	Color or Race	Age	Fifty	Two Twenty two
Occupation	Where Residing if not at place of death			
Married, Single or Widowed	Name of Wife or Husband	House keeper Home		
Father's Name	Archibald Coker			
Mother's Maiden Name	Maggie Andrews			
Name of person giving Information	Thomas A. Slagle			

CAUSES OF DEATH

①

PHYSICIAN
OR CORONER

Primary

Typhoid Fever

How long

14 days

Immediate

Pneumonia, Heart failure

How long

3 days

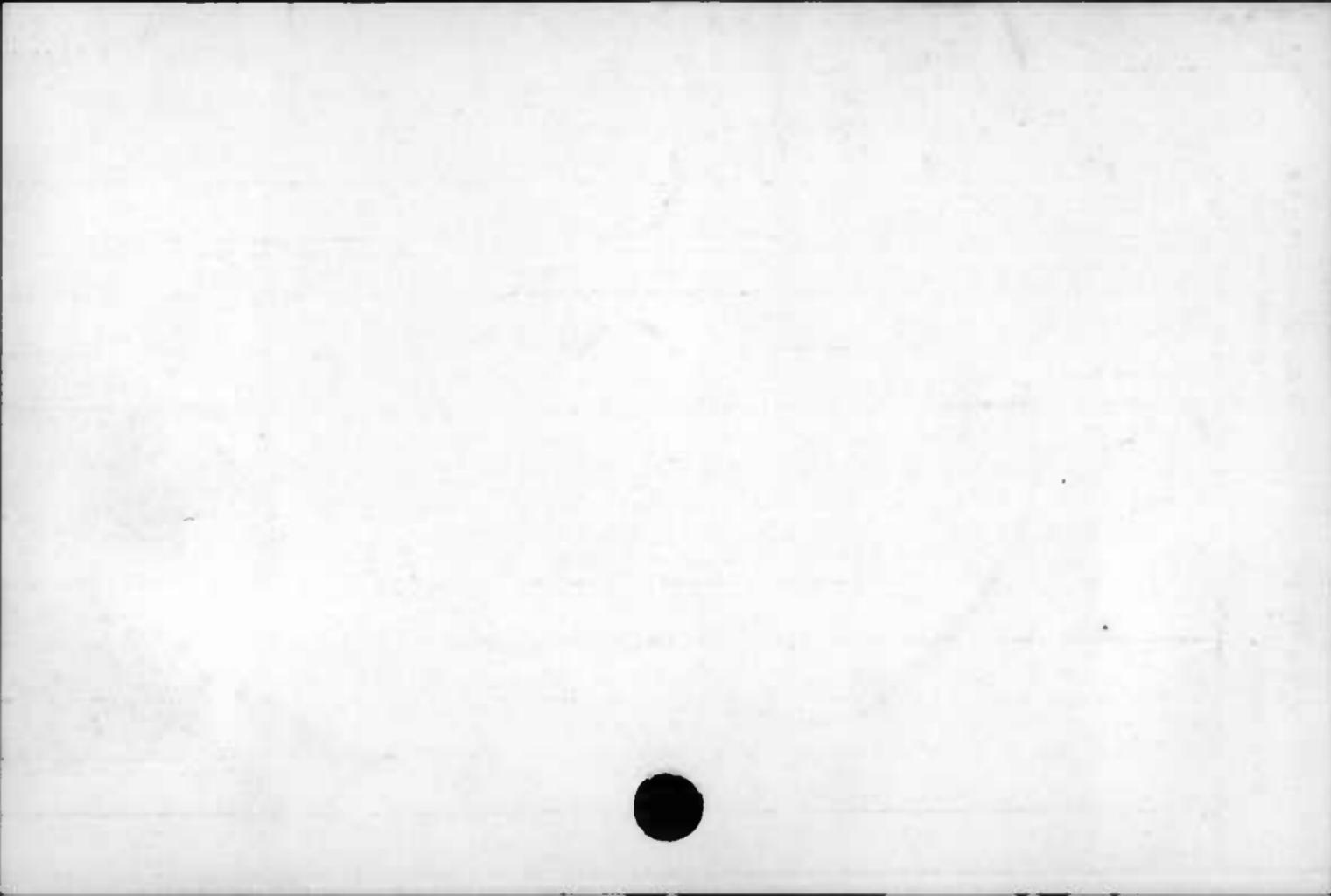
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

H. H. Richards
Ridgely, Md.

Accident or Suicide?



Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

CERTIFICATE OF DEATH					
Died at <u>in Preston</u> Town			County <u>Coraline</u>		
Date of death <u>1908</u>	Month <u>3</u>	Day <u>17</u>	Years <u>—</u>	Months <u>—</u>	Days <u>—</u>
Sex <u>Male</u>	Color or Race <u>Colored</u>	Birth-place <u>Md</u>			
Occupation <u>None</u>	Where Residing if not at place of death <u>No Prestan</u>				
Married, Single or Widowed <u>Single</u>	Name of Wife or Husband <u>None</u>	Father's Birthplace <u>Md</u>			
Father's Name <u>Garfleld</u>	Mother's Birthplace <u>Md</u>				
Mother's Maiden Name <u>Allegropeyseen</u>	How related to deceased <u>Son</u>				
Name of person giving information <u>Garfleld & Son</u>	How long <u>—</u>				
CAUSES OF DEATH					
Primary <u>Still Borned</u>	How long <u>—</u>				
Immediate <u>—</u>	How long <u>—</u>				
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician Address				
Accident or Suicide?	<u>Haywood Dezen</u>				



Name
in
Full

To BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Mary Catherine Thomas

CERTIFICATE OF DEATH

MARYLAND

Died at	Town	County		
Ridgely		Caroline		
Date of death	Month	Day	Years	Months Days
1908	March	25th	68	4
Sex	Color or Race	Birth-place		
Female	Colored	Caroline Co. Md		
Occupation	Where Residing if not at place of death			
Housekeeper	Home			
Married, Single or Widowed	Name of Wife or Husband			
Married	Perry G. Thomas			
Father's Name	Father's Birthplace			
William H Brown	Caroline Co Md			
Mother's Maiden Name	Mother's Birthplace			
Martha Ann Covey	Green Angelo Co Md			
Name of person giving information	How related to deceased			
William Emmett Brown	Brother.			

CAUSES OF DEATH

66

How long

Two weeks

How long

Two days

Primary

Paralysis

Immediate

Heart failure

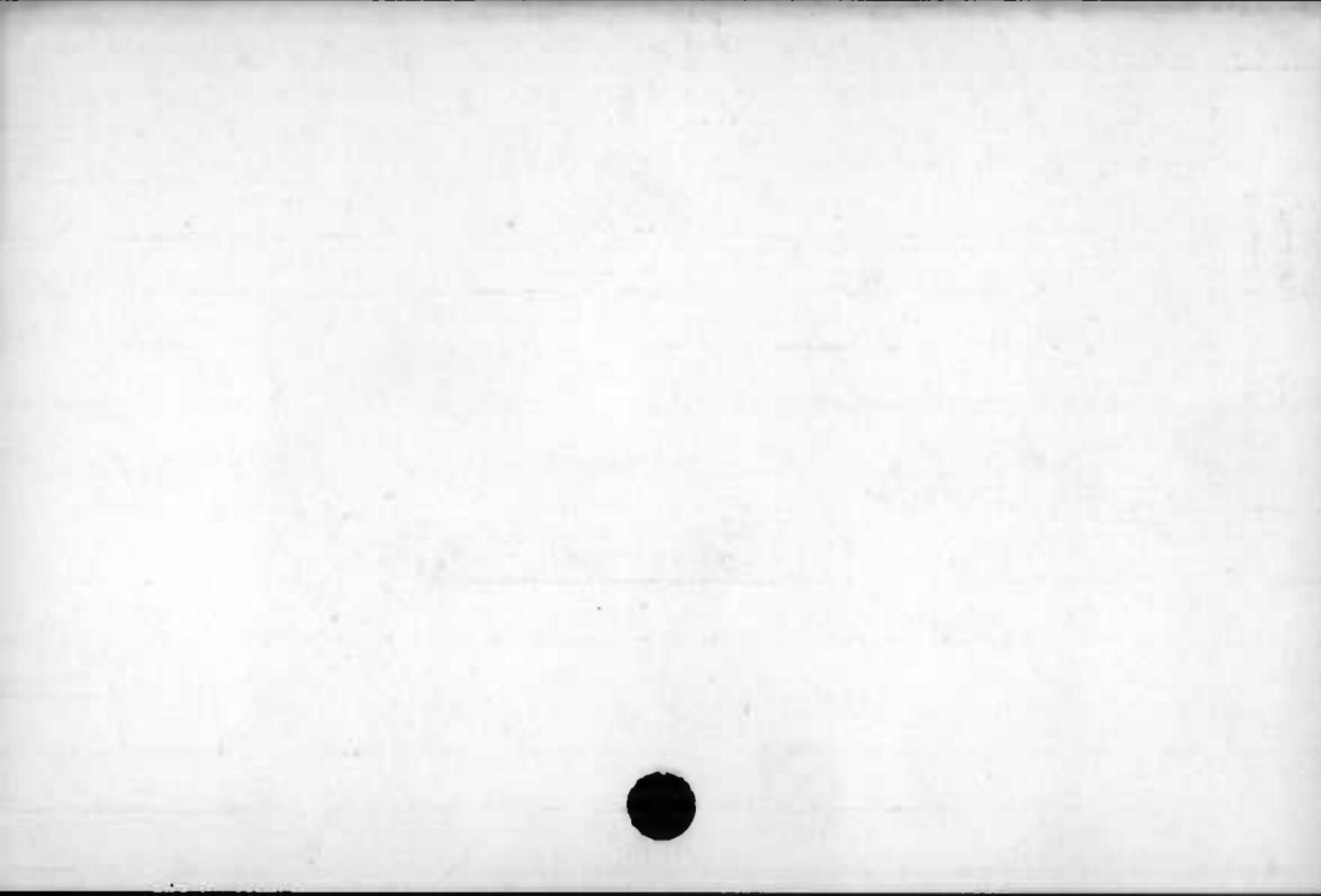
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

H. G. Leonard
Ridgely, Md.

Accident or Suicide?



Name
in
Full

Russell D. Horner

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at <u>Choptank</u>		Town <u>Choptank</u>		County <u>Caroline</u>		MARYLAND	
Date of death	1908	Month	3	Day	25	Years	20
Sex	<u>Male</u>	Color or Race	<u>White</u>	Birth-place	<u>Choptank</u>		
Occupation	<u>none</u>		Where Residing if not at place of death	<u>Choptank</u>			
Married, Single or Widowed	<u>Single</u>	Name of Wife or Husband	<u>none</u>	Father's Name	<u>Chas Horner</u>		
Father's Name	<u>Chas Horner</u>		Father's Birthplace	<u>Md</u>			
Mother's Maiden Name	<u>Rheta Gable</u>		Mother's Birthplace	<u>Md</u>			
Name of person giving information	<u>Chas Horner</u>		How related to deceased	<u>Gable</u>			

CAUSES OF DEATH

105

How long

3 days

How long

14 days

PHYSICIAN
OR CORONER

Primary

Intoxicant - Toxicant

Immediate

Exhaustion - H febrile

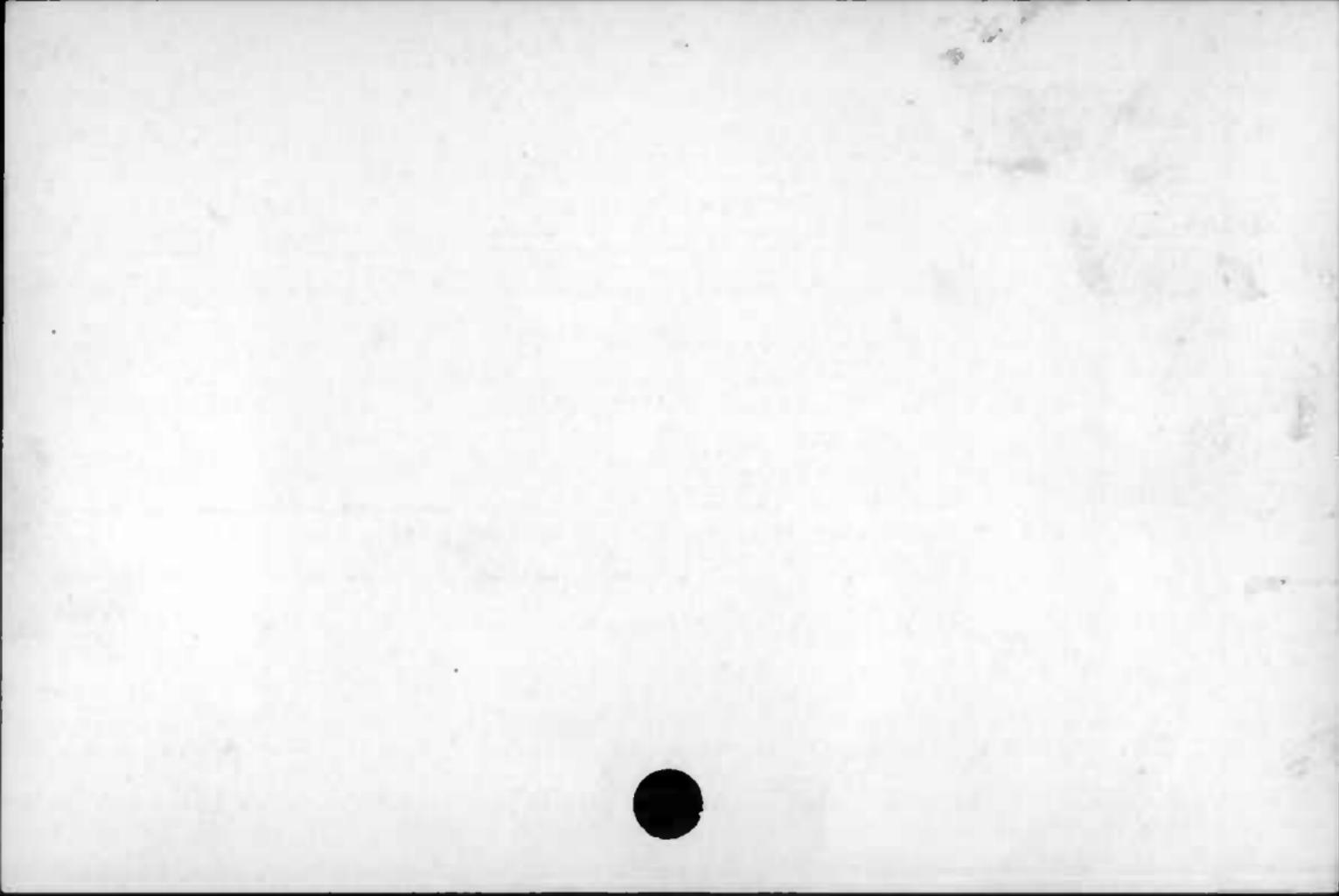
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Raymond DeWitt

Accident or Suicide?



Elma Hubbard Webb

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Mor. Breslow</u>		Town	County <u>Calvert</u>		MARYLAND	
Date of death <u>1908</u>	Month <u>3</u>	Day <u>13</u>	Years <u>20</u>	Age	Months	Days
Sex <u>Female</u>	Color or Race <u>Colored</u>			Birth-place <u>Md</u>		
Occupation <u>Housewife</u>	Where Residing if not at place of death <u>Socue</u>					
Married, Single or Widowed <u>Married</u>	Name of Wife or Husband <u>Thomis</u>	Chas. Hubbard				
Father's Name <u>Noah Hubbard</u>						Father's Birthplace <u>Md</u>
Mother's Maiden Name <u>Ida Holmes</u>						Mother's Birthplace <u>Md</u>
Name of person giving information <u>Tho. Webb</u>						How related to deceased <u>Husband</u>

CAUSES OF DEATH

93

How long

9 days

How long

Primary

Sabor Pneumonia

Immediate

Heart failure. Suffocation

Signature of Physician

Address

Haymond Downes



Name
in
Full

Annie White

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND
Died at	Federalsburg	Caroline	
Date of death	Month	Years	Months Days
1908	May	28	
Age	99		
Sex	Female	Color or Race	Birth-place
Occupation	Housewife	Where Residing if not at place of death	
Married, Single or Widowed	married	Name of Wife or Husband	
Father's Name	James Evans	Father's Birthplace	Del
Mother's Maiden Name	Margaret Evans	Mother's Birthplace	Del
Name of person giving Information	Harry White	How related to deceased	Husband

CAUSES OF DEATH

93

How long

8 days

How long

PHYSICIAN
OR CORONER

Primary

Pneumonia

Immediate

Are the name, age, sex, color, date and place correctly given above?

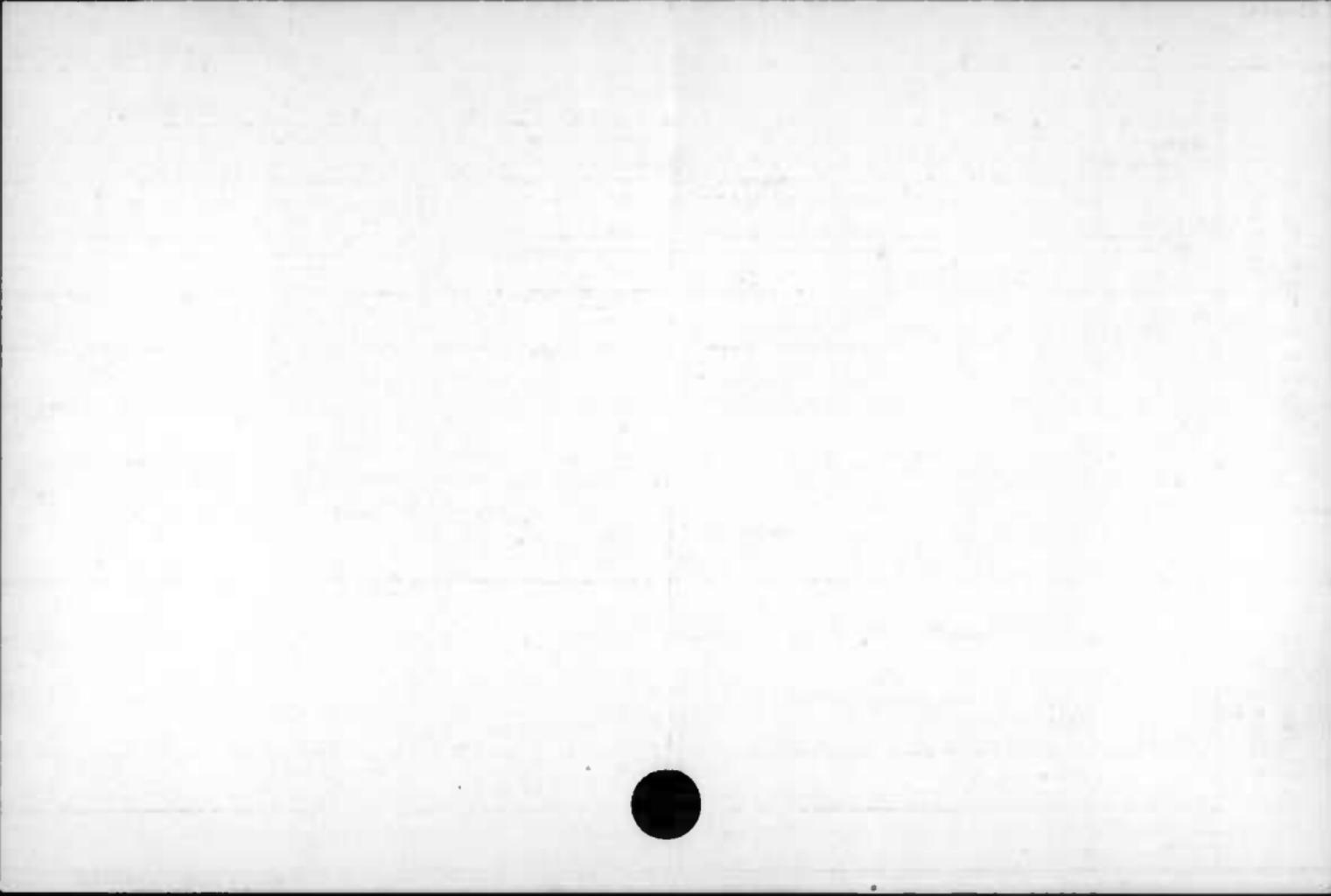
yes

Signature of Physician

Address

R. Kerns Jefferson
Federalsburg
Md

Accident or Suicide?



Name
in
Full

Newton White

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at		Town	County		MARYLAND		
Died at		Federalsburg	Caroline				
Date of death	1908	Month	Day	Years	Months	Days	
Date of death	1908	Month	Mar	5	Age	2	
Sex	male	Color or Race	white	Birth-place	Birth-place	md	
Occupation	none	Where Residing if not at place of death					
Married, Single or Widowed	single	Name of Wife or Husband					
Father's Name	Newton White	Father's Birthplace					
Mother's Maiden Name	Frances Dur	Mother's Birthplace					
Name of person giving information	Newton White	How related to deceased					

CAUSES OF DEATH

151

How long

8 months

How long

PHYSICIAN
OR CORONER

Primary

Marasmus

Immediate

Are the name, age, sex, color, date and place correctly given above?

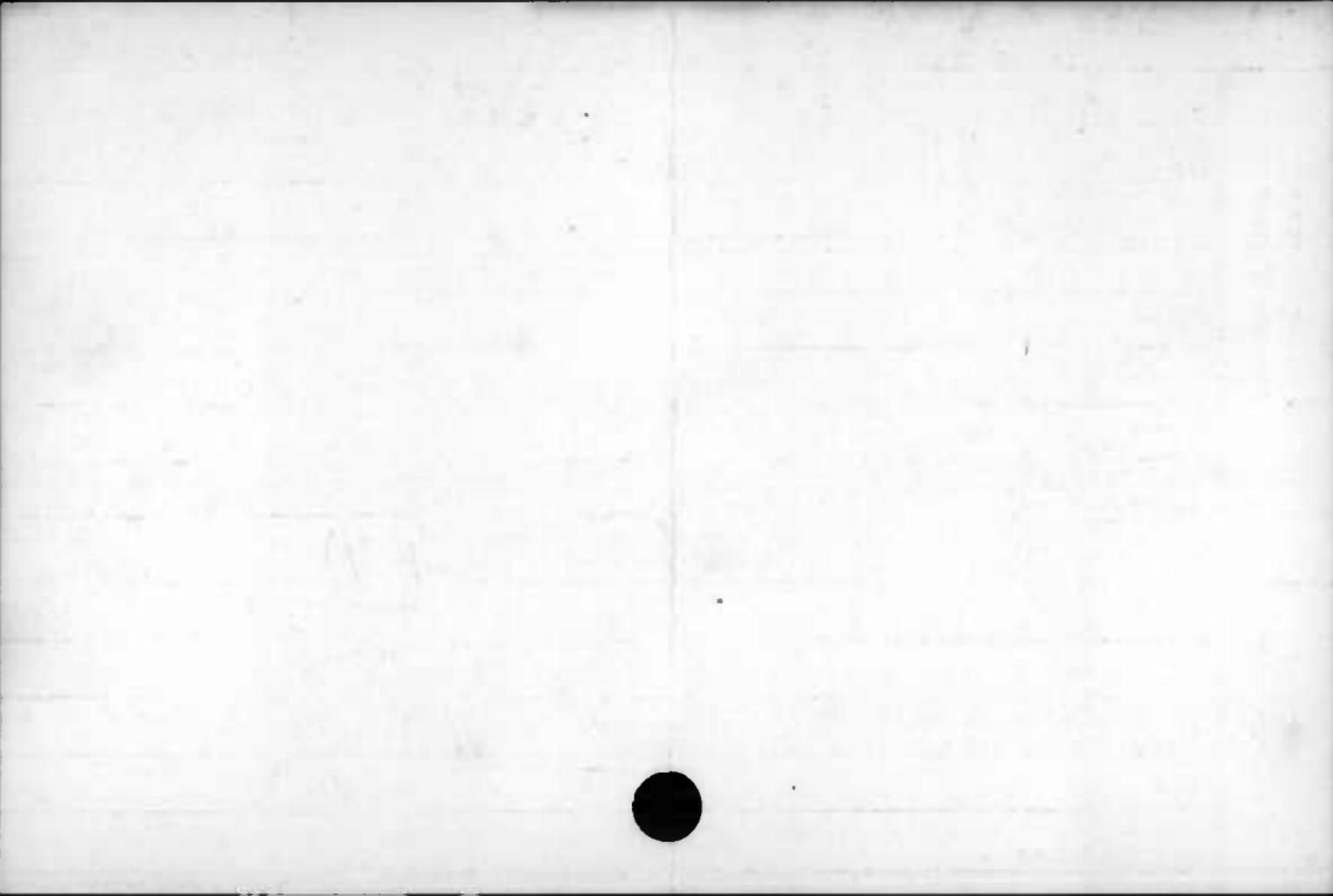
yes

Signature of Physician

Address

B. Karp Jefferson
Federalsburg
md

Accident or Suicide?



Name
in
Full

Sarah A. Wright

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Duxton		Town	Caroline		County	MARYLAND		
Date of death	1908	Month	3	Day	24	Years	8	Months	Days
Sex	Female		Color or Race	Black		Birth-place	Duxton		
Occupation					Where Residing if not at place of death				
Married, Single or Widowed			Name of Wife or Husband			Father's Birthplace	Md		
Father's Name	Horace Wright				Mother's Birthplace	Md			
Mother's Maiden Name	Ellie Wright				How related to deceased	None			
Name of person giving information	Mary Young		✓		How long	1 week			

CAUSES OF DEATH

93

PHYSICIAN
OR CORONER

Primary	Pneumonia		
Immediate	Convulsions		
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	G. M. Nichols
		Address	Duxton Md.
Accident or Suicide?			

